FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P92000006941 (8) **DOCUMENT #**

GIBBS FLOOR COVERING, INC.

Principal Place of Business

Maling Address



2. Principal Place of Business 2. Mainty Address 2. FEI Number 65-0369378 2. Unit, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #,	of Last Report 102/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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City & State Stine to County 8. This corporation has liability for intangule tax in Florida Statutes Florida Statutes Street Address (P.O. Box Number is Not Acceptable) St	Fee Required \$5.00 May Be Added to Fees
City & State City & State City	Added to Fees
Typ Country Zip Country Zip Country Zip Country Zip Country Zip Signature Size of Agent Size of Age	
9. Name and Address of Current Registered Agent GARLICK, THOMAS B 800 LAUREL OAK DRIVE SUITE 400 NAPLES FL 33963 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, tho above manuel corporation submits this statement for the purpose of chang or registered agent, or both, in the State of Florida. Such change was authorized by the co-poration's board of directors. Thereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, tho above manuel corporation submits this statement for the purpose of change or registered agent, or both, in the State of Florida. Such change was authorized by the co-poration's board of directors. Thereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIJUATION TO PROVIDE STATE OF PROVIDED TO PROVIDE STATE OF	under s. 199.032
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NAME 42 NAX :	
STREET ADDRESS 43 STRIET ADDRESS	
CITY-S1-ZIP 44 CITY-SE-ZIP	
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NAME 52 NAN E	
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	Change Add tion
NAME: 62 NAME	
STREET ADDRESS 63 STH ET ADDRESS	
64.0.1° -ST-ZIP 14. The hereby certify that the information supplied with this filtre is voluntarily furnished and dises not qualify for the exemption stated in Section 119.07(3(b), Flori	

the full annual report is true and accurate and that my signature shall have same legal effect as if made under by trustee empowers it to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information inducted on this annual report or supple oath; that I am an officer or director of the corporation or the receive appears in Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE: